READING FORM UC-44FR – REQUEST FOR RELIEF FROM CHARGES

Your PA employer account number

Expiration date of claim

Beginning and ending dates of base year period

Form must be postmarked or faxed by this date in order for your request for relief to be considered timely.

If ** appears in this field, there has been a revision to the financial determination.

Effective date of claim

Employee Social Security Number and name

Date Forms UC-44 and UC-44 (FR) were mailed

Total wages the claimant earned in the highest quarter

Percentage of charges for which you are liable

Total wages and credit weeks from all employers in claimant's base year

EMPLOYER ACCOUNT NUMBER	LAST DATE FOR TIMELY REQUEST	FOR CO USE ONLY

EMPLOYEE SOC. SEC. NO.	EMPLOYEE	DATE OF APPLICATION	BENEFIT YEAR ENDING DATE	BASE-YEAR PERIOD FROM	BASE-YEAR PERIOD TO	FINANCIAL DECISION MAILING DATE

SERVICE CENTER	TYPE OF CLAIM	BASE-YEAR WAGES AND CREDIT WEEKS: WHILE IN YOUR EMPLOY: QUARTERLY WAGES				TOTAL WAGES	CREDIT WEEKS	TOTAL OF ALL EMPLOYERS: WAGES	TOTAL OF ALL EMPLOYERS: CR.WKS	HIGH QTR. WAGES	YOUR PERCENT CHARGE
	UC										

←	←	BLOCKS FOR CO USE ONLY		→	→

SEQUENCE NUMBER	UNEMPLOYMENT COMP. PAYABLE: WKLY. RATE X	MAX. WKS. =	MAX. ENT.	DEPENDENT'S ALLOWANCE: NO. DEP.	WKLY. AMT.	MAX. ENT.	ELIG. CODE

UC Service Center through which the claim was filed

Quarters included in the base year and wages for each quarter that were paid to the employee

1st Qtr=January 1 to March 31
2nd Qtr=April 1 to June 30
3rd Qtr=July 1 to September 30
4th Qtr=October 1 to December 31

Total base year wages claimant earned while in your employ

Weekly benefit rate, number of weeks eligible, and maximum amount for which claimant is eligible

Number of dependents, weekly dependent's amount, and maximum amount for which claimant is eligible

Financial eligibility code for UC benefits

1=Eligible

2, 3, 6 & U=Ineligible

7=Conditionally eligible-subsequent claim